

State of Maryland DHMH
Pharmacy Management System RFP – Solicitation No. DHMH/OPASS 17-17110
Response to Offeror Questions #4
July 8, 2016

Section 2.2.2d

Please provide interface specifications, if available, to interface to Talyst OS-PAC (AutoPack) JV500 SL automated dispensing system machine. Does this device allow HL7? What version? Please provide a copy of the interface manual, if available, so we can confirm that we can send the data to the device.

According to the Talyst manual:

Talyst Interface Manager (version 2.0) is the software that permits the JVM-ATDPS to communicate with the Hospital or Pharmacy Information System (HIS or PhIS) through the JVServer software that resides on the AutoPack Workstation. Interface Manager also communicates and drives optional equipment such as a flag and other label printers, handheld wireless bar code scanner, and a report printer.

Below is the response from Talyst regarding this question:

We do not have documentation on our interface, as it is customized to your system. We are able to take orders in standard HL7 format; as well as a number of other proprietary and custom formats. If you need to update or add a new interface to your Autopack system, please contact support@talyst.com with the details, and we will have our sales and interface teams contact you to provide a quote for the work.

DHMH Comments:

DHMH IT staff wrote the interface programs, which create a flat file via FTP protocol to an address specified by Talyst. We will provide more information about the interface as we receive it. The new Pharmacy Management System could presumably create a file with the same file format, or use HL7 messages.

Section 2.2.2 – Re: CPOE

How will orders be sent to the pharmacy prior to the implementation of CPOE and eMAR?

The pharmacies will continue with their current method of submitting orders. At Perkins, Springfield, and Spring Grove, the prescribers write their orders on paper and fax them to the pharmacy. The pharmacy prints out the order and the pharmacy technician or pharmacist enters the order into the HMIS Pharmacy Module. At Finan, they prescriber enters the order in an application called Direct Physician Order Entry (DPOE), which was developed in-house. The pharmacy staff monitor the orders in the system, print an order when it appears, and then enter the order in the HMIS Pharmacy Module.

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Are both dispensing and billing of the medications needed for these programs? If no, please clarify.

Yes, both dispensing and billing of the medications is needed for these programs. The billing is a quarterly bill submitted to the SETT program for reimbursement to the Springfield Hospital.

Section 3.3.15.5 – Conversion

What is the minimum data that the State would desire to be converted from the existing system?

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At a minimum, DHMH requires that the current patients and orders be converted from the current HMIS Pharmacy Module. DHMH would prefer that all historical data also be converted. Please refer to the Responses to Offeror Questions #3 for further clarification of the roles for Data Conversion.

Section 3.2.3a – Phase 1

It appears the State is acquiring licenses for OE and eMAR but not yet the services to implement. Is it correct that vendors should NOT be including implementation costs for these components in the response?

Yes.

Section 3.2.3a – Phase 1

It appears the State is acquiring licenses for OE and EMAR – but not yet the services to implement. Several requirements may not be able to be met until the OE and eMAR are implemented. How does the State want us to identify this?

You can complete the “Additional Comment” tab in the “Appendix 5 – Functional/Business Requirements” spreadsheet. This section allows the Offerors to identify a specific requirement and add a comment for it.

In regards to your Appendix 5. Some of the cells are locked and we are unable to view the entirety of the contents. Could you supply some tips to get around this or possible they entire text of the numbers?

Appendix 5

Number 6.31 -

Number 6.50 -

Number 17.1 - please specify the format of the data

Appendix 5 – Functional and Business Requirements

- | | |
|------|---|
| 6.31 | User shall have the ability to process orders with a variety of administration requirements, including q 3 weeks
This is the complete requirement. This requirement means that the software must be able to process a variety of administration requirements, such as “Take daily in the morning”, “Take 3 times per week”, “Take every Monday and Thursday”, and “Take once every 3 weeks”. |
| 6.50 | System administrator shall have the ability to turn off selected warnings so that they do not appear |
| 17.1 | System shall integrate with existing HMIS ADT Module for patient admission, discharge and changes in patient profile, including diagnosis. Interface shall be HMIS ADT Module to pharmacy management system.

The format of the data will be determined by the new Pharmacy Management System. This requirement is |

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that the new System will be able to receive input from the HMIS ADT Module in order to add, discharge or transfer a patient, rather than having that information keyed by a pharmacy staff member.

When completing our RFP response, we noticed a calculation error in Attachment F – Price Sheet.

On Table G. Summary of Fixed-Price Quotes, (Summary tab), the Total should only be calculating Required Software and Implementation Services, (#s 1 and 2). Instead, it is calculating Required Software AND (A) One-Time Charges; (B) Recurring Charges; and (C) Other Charges as well as the Implementation Services. The One-Time Charges, Recurring Charges, and Other Charges are included in the Required Software Charges resulting in an inflated total cost (the software charges are being added twice).

Can we obtain a corrected Pricing Sheet?

The Department has an updated version of Attachment F - Price Sheet and will repost the document on the DHMH and eMaryland Marketplace websites via Addendum 2. Please submit your cost on the REVISED Attachment F for consideration of award.